FORM 1 APPLICATIONS MUST BE POSTMARKED NO LATER THAN _____

STATE OF HAWAII WASTEWATER OPERATOR CERTIFICATION EXAMINATION APPLICATION

Mail to: Board of Certification of Operating Personnel in Wastewater Treatment Facilities Hawaii Department of Health 1350 Sand Island Parkway Bldg. 3A Honolulu, Hawaii 96819 phone (808) 832-5477 fax (808) 832-3496			Do Not Write In This Sp	ace - Office Use Only		
			Date Received:			
		•	Amount Received:			
		j. 3A	Amount Due:			
		832-3496	Total CEUs:			
prior	16 (000) 032-3477 Tax (000)	032-3490	Comments.			
	INSTRUCTIONS	ON COMPLETING	THIS APPLICATION ARE	ATTACHED.		
SECT	ION A: GENERAL INFOR	<u>MATION</u>				
Dloop	e Print) (LAST)	/ E	IRST)	(M.I.)		
Pieas	e Piliti) (LAST)	(F	ikot)	(IVI.1.)		
Street	, Box, Route					
City or	nd State	Zip Code				
Jily ai	iu State	Zip Code				
)	()	()			
Home	Phone	Work Phone	Fax Numb	er		
SECT	ION B: APPLICATION AN					
1.	Applying for Examination for Operator Certification: 1 2 3 4					
	Circle Grade # or #s if requesting two examination levels. Grade level must be indicated.					
2.	Current license #:	Issuanc	e date:			
3.	Submit only a \$25.00 application fee for each examination applied for. You will be notified after application has been reviewed of qualification for examination and cost required. Attach check or money order payable to the STATE OF HAWAII. NO CASH.					
SECT	ION C: WORK EXPERIEN	ICE				
1.	List only your treatment p	olant operations expe		d at must be listed separately.		
	For each plant, list both the start and end dates and the total number of hours worked. Note: Experience as a plant worker, sewer maintenance crew member, chemist, lab technician or pump					
			rience to take the certificati			
	Operator Experience		Mo/Day/Year			
	Name of Plant	Plant Type	From To	Total Hours		

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TOTAL: _____

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<u>EMPI</u>	EMPLOYMENT VERIFICATION (Circle letter A or letter B):				
A.	and hours of employment of the application of a wastewater treatment placertify under penalty of law that the information belief, true, accurate and complete. I a	ant. [One-year of full-time empl ant is equivalent to at least 1,63 ormation submitted is, to the bear m aware that there are significa	oyment in the actual (2 hours per year.] I st of my knowledge and ant penalties for		
			No		
	Print Name of Present Employer or DR	C Phone No.			
	Signature of Present Employer or DRC				
В.	I have reviewed the above and can verify only the following work experience items.				
			No		
	Print Name of Present Employer or DR	C Phone No.			
	Signature of Present Employer or DRC				
ION D:	EDUCATIONAL AND TRAINING COU	RSES			
Name	e and location of high school attended:				
Allac	n copy of high school diploma.				
		Date of Course	# of CEUs		
		ation in two and assument to the			
I unde	erstand that knowingly making false state	ments may result in revocation			
			and other statements for		
Signature:		Date:			
	B. B. CONTINUE Attac Continue Attac Continue Attac I unde der the conser	A. I have reviewed the above work experies and hours of employment of the application of a wastewater treatment placertify under penalty of law that the inforbelief, true, accurate and complete. I a submitting false information, including the Print Name of Present Employer or DRC B. I have reviewed the above and can verification of Present Employer or DRC B. I have reviewed the above and can verification of Present Employer or DRC Signature of Present Employer or DRC Signature of Present Employer or DRC Name and location of high school attended: Attach copy of high school diploma. University or college courses/degrees received Attach official copy of college/university transcript Continuing Educational Credits (CEUs): Name of Title of Course SIGNATURE To the provisions of Hawaii Administrative Rule of the provisions of determining qualification for certification of the provision of t	A. I have reviewed the above work experience and have verified the oper and hours of employment of the applicant. [One-year of full-time empl operation of a wastewater treatment plant is equivalent to at least 1,63 certify under penalty of law that the information submitted is, to the bebelief, true, accurate and complete. I am aware that there are significe submitting false information, including the possibility of fine for knowing. Certificate Print Name of Present Employer or DRC Phone No. Signature of Present Employer or DRC B. I have reviewed the above and can verify only the following work experience of Present Employer or DRC B. I have reviewed the above and can verify only the following work experience of Present Employer or DRC ION D: EDUCATIONAL AND TRAINING COURSES Name and location of high school attended: Attach copy of high school diploma. University or college courses/degrees received: Attach official copy of college/university transcripts and diplomas. Continuing Educational Credits (CEUs): Name of Title of Course Date of Course ION E: SIGNATURE Fry that all the information contained in this application is true and correct to the to I understand that knowingly making false statements may result in revocation let the provisions of Hawaii Administrative Rule §11-61-5(d)(1). Consent to allowing the Board to investigate and verify my employment record approve of determining qualification for certification examination.		

INSTRUCTION SHEET FOR FORM 1 APPLICATION FOR EXAMINATION FOR CERTIFICATION

IMPORTANT -- EACH APPLICATION MUST INCLUDE THE FOLLOWING. FAILURE TO SUBMIT/COMPLETE WILL RESULT IN AUTOMATIC DENIAL OF APPLICATION.

- Applicant's signature.
- 2) 3) Employment verification.
- Indicate examination grade applying for.
 Copy of high school diploma or GED. (GRADE 1 ONLY) 4)
- Copy of college/university diploma and transcripts. 5)
- Copy of all training certificates; or 6)
- Official listing from the Board of items 4, 5 and 6 above. This information must be requested 1 month 7) prior to due date of the application.
- 8) Application fee only (\$25.00 per exam) CHECK or MONEY ORDER only. NO CASH.

GENERAL INFORMATION

The following information is provided to assist the applicant in completing the APPLICATION FOR EXAMINATION FOR CERTIFICATION form.

Please follow instructions and complete all of the sections. Failure to complete the application correctly, failure to provide the required information, or failure to submit the application on or before the application due date are all grounds to deny processing the application. There will be no exceptions to this.

WHO SHOULD USE THIS FORM

If this is the first time that you are applying for the examination, you must complete this form. If you have previously taken or qualified to take the examination you are applying for, use the REAPPLICATION FOR EXÁMINATION FOR CERTIFICATION form.

IMPORTANT NOTICE – EFFECTIVE JUNE 1, 1993 - NO REFUNDS OR CREDITS WILL BE GIVEN TO APPLICANTS FAILING TO SIT FOR ANY EXAMINATION.

SECTION A: GENERAL INFORMATION

This information must be completely filled out. All information requested must be supplied. No exceptions will be accepted. Information supplied in this section will be used to contact and mail all correspondence to you.

SECTION B: APPLICATION AND EXAMINATION FEE

- The applicant must state which examination(s) is being applied for. Check the appropriate 1. box(es). No more than two examinations can be applied for at any one time.
- 2. For each examination applied for in item 1 above, submit a \$25.00 application fee. Do not send payment for examination until notification of qualification is received. Application fee(s) must be paid in full by check or money order payable to the STATE OF HAWAII. Do not send cash.

SECTION C: WORK EXPERIENCE

1. List only wastewater treatment plant operations experience. If you are responsible for or have work experience at more than one facility during the same time period, do not list as separate work experience. Work experience as plant workers, grounds keepers, sewer maintenance crew members, chemist, lab technician, or pump station operators do not qualify as operating work experience unless specifically part of the wastewater operator's job description. You must have your work experience and employment verified. Have your immediate supervisor, DRC, treatment plant owner or employer verify your employment and job title by signing either part 2A or 2B;

- 2.A All employment experience listed above in Section C-1 is verified and is true; or
- 2.B Only a portion of the experience listed in Section C-1 is verified and is true.

SECTION D: EDUCATIONAL AND TRAINING COURSES

- 1. Provide the name and location of the high school attended. Provide a copy of high school diploma or equivalent.
- 2. Provide an official copy of any college or university degrees received and a copy of college or university transcripts.
- 3. Provide a listing of Continuing Educational Credits (CEUs) that you have taken with copies of certificates. The title of course, date taken and sponsor must be listed.

An official listing of your CEUs on record can be obtained by contacting the Board at telephone (808) 832-5478 or fax (808) 834-3496. This listing will include all training courses sponsored by the Statewide Training Center. Ken Kerri volumes, Michigan State University courses, college/university courses and high school graduation confirmation will also be included if documentation was previously submitted. Attaching this official listing will not require copies of certificates/diplomas for courses/credits listed. Request for this information should be submitted one month before the application due date.

For educational and training courses not sponsored by the Statewide Training Center, additional material regarding course content and hours of training may be required for review by the Board

SECTION E: SIGNATURE

You must sign and date the application. Unsigned/undated applications will be returned to the applicant provided that the application is received five (5) working days prior to the application due date. Unsigned/undated applications received less than five days prior to the application due date will not be returned and applicants will not qualify to take any examinations.

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